PTO/SB/17 (07-05)
Approved for use through 01/31/2007 OMB 0851-0032
U.S. Peteni and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Re	duction Act of 1995	, no person are re	equired to	respond to a collection	on of informa	ation unless it display	s a valid OMB	control number	
Effective on 12/08/2004.				Complete if Known					
Face pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/644,576-Conf. #5194			
FEE TRANSMITTAL				Filing Date		August 20, 2003			
For FY 2006				First Named Inventor		Connie Sanchez			
FOFF1 2006				Examiner Name		Yong S. Chong			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1		1617			
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00				Attorney Docket No. 0		05432/100M919-US5			
METHOD OF PAYMENT (check all that apply)									
Check X Credit Card Money Order None Other (please identify):									
Deposit Account Osposil Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or underpayments of x Credit any overgayments									
fee(s) under 37 CFR 1.16 and 1.17									
1. BASIC FILING, SEAR	CH AND EVAL	IINATION EE	re-						
I. DASIC FILING, SEAN		G FEES		ARCH FEES	FXAM	INATION FEES			
		Small Entity		Small Entity		Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$		Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEE	s		_	-	_	-		Small Entity	
Fee Description Fee (\$)								Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
Total Claims Extra Claims Fee (\$) Fee I				Paid (\$)		Multiple Depend	ent Claims		
18 · 20 = x = Fee (\$) HP = highest number of total claims paid for, if greater than 20,						Fee (\$)	Fee Paid (\$	<u>1</u>	
			_		_			_	
		ee (\$)	Fee	Paid (\$)					
1 -3=			_						
HP = highest number of inde		tor, if greater the	un 3,		_			_	
3. APPLICATION SIZE I									
If the specification and listings under 37 CF								n	
sheets or fraction th						entity) for each a	idultional 5	U	
Total Sheets	Extra Sheets			additional 50 or fra		eof Fee (\$)	Fee	Pald (\$)	
- 100 =							-		
100 = /50 (round up to a whole number) x 4. OTHER FEE(S)							Fees Pald (\$)		
Non-English Specification, \$130 fee (no email entity discount)									
Other (e.g., late filing surcharge): 1253 Extension for response within third month							1,020.00		
1801 Request for continued examination (RCE) (see 37							790.00		
SUBMITTED BY A									
		XOCa.		Registration No.	52.94	Telephone	(212) 52	7 7700	
1 250	anna.	Holder	m	(Allorney/Agent) 52,949 Temphone (212)			(,	
Name (Print/Type) Dianna	Goldenson					Dete	March 6	, 2007	